

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME

Sandra Perez

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

DEPARTMENT OF MANAGED HEALTH CARE

POSITION

Director

CB/ID NO.

M01

DIVISION OR BUREAU

Office of the Patient Advocate

INDEX NUMBER

6000

RESIDENCE ADDRESS*

[REDACTED]

HEADQUARTERS ADDRESS

980 - 9th Street, Suite 500

TELEPHONE NUMBER

(916) 324-6407

CITY

Sacramento

STATE

CA

ZIP CODE

[REDACTED]

CITY

Sacramento

STATE

CA

ZIP CODE

95814

(1) MONTH / YEAR		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) (A) Cost of Trans.	(B) Type Used	(8) TRANSPORTATION		(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2)				Break- fast	Lunch	O.T., LT, N/C, Relo. or Dinner				(D) Private Car Use				
DATE	TIME									Tolls, Parking	Miles			Amount
Mar.8	10:00 am	Sacramento - San Francisco	166.74			18.00			PC	68.00	90	45.00	9.95	\$307.69
Mar. 9	8:30 pm	San Francisco - Sacramento		6.00	10.00	18.00	6.00	25.00	PC	4.00	90	45.00		\$114.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
(10) SUBTOTALS			166.74	6.00	10.00	36.00	6.00	25.00		72.00	180	90.00	9.95	\$421.69
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$	421.69

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/8-9, 2010 - PURPOSE: Attended the National P4P Summit in San Francisco (\$32.00/Parking at Hilton Hotel)

3/9, 2010: PURPOSE: Speaker at Society for Professionals in Healthcare Annual Symposium Panel regarding Health Care Reform;

(Taxi from Hilton Embarcadero (staying at) to Speaking engagement at Nikko Hotel; \$15.00).

(Taxi from Nikko Hotel (speaking) to Hyatt Embarcadero; P4P Summit \$10.00)

(Toll Bridge 3/8/; \$4.00 - 3/9/2010; \$4.00)

(12) NORMAL WORK HOURS

0800 - 1700

(13) PRIVATE VEHICLE LICENSE #

4GNH186

(14) MILEAGE RATE CLAIMED

0.500

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK #

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

>>

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

>>

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse)

>>

DATE

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

STD. 262 (REV. 12/93)

Statement on Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME

Sandra Perez

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

DEPARTMENT OF MANAGED HEALTH CARE

POSITION

Director

CB/ID NO.

M01

DIVISION OR BUREAU

Office of the Patient Advocate

INDEX NUMBER

6000

RESIDENCE ADDRESS*

HEADQUARTERS ADDRESS

980 - 9th Street, Suite 500

TELEPHONE NUMBER

(916) 324-6407

CITY

Sacramento

STATE

CA

ZIP CODE

CITY

Sacramento

STATE

CA

ZIP CODE

95814

(1) MONTH / YEAR		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
DATE	TIME			Break-fast	Lunch	O.T., LT, N/C, Relo. or Dinner		(A) Cost of Trans.	(B) Type Used	Tolls, Parking	(D) Private Car Use			
										Miles	Amount			
18-Mar	5:00 am	Sacramento - Burbank		6.00					PC/A	15	7.50		\$13.50	
	5:00 pm	Burbank - Sacramento							PC/A	9.00	7.50		\$16.50	
													\$0.00	
													\$0.00	
													\$0.00	
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													\$0.00	
													\$0.00	
													\$0.00	
													\$0.00	
													\$0.00	
													\$0.00	
(10) SUBTOTALS			0.00	6.00	0.00	0.00	0.00	0.00		9.00	30	15.00	0.00	\$30.00
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$	30.00	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/18/2010 - PURPOSE: Attended Report Card Press Briefing - Asian Media.

(3/18 - Airport Parking; \$9.00/day)

(12) NORMAL WORK HOURS

0800 - 1700

(13) PRIVATE VEHICLE LICENSE #

4GNH186

(14) MILEAGE RATE CLAIMED

0.500

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK #

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

>>

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

>>

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse)

>>

DATE

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

STD. 262 (REV. 12/93)

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CLAIMANT'S NAME Sandra Perez			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT DEPARTMENT OF MANAGED HEALTH CARE											
POSITION Director			CB/ID NO. M01			DIVISION OR BUREAU Office of the Patient Advocate			INDEX NUMBER 6000								
RESIDENCE ADDRESS* 940 Sagamore Way						HEADQUARTERS ADDRESS 980 - 9th Street, Suite 500			TELEPHONE NUMBER (916) 324-6407								
CITY Sacramento			STATE CA			ZIP CODE 95822			CITY Sacramento			STATE CA			ZIP CODE 95814		

(1) MONTH / YEAR		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7)	(8)	TRANSPORTATION		(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2)				Break- fast	Lunch	O.T., LT, N/C, Relo. or Dinner		(A) Cost of Trans.	(B) Type Used	Tolls, Parking	(D) Private Car Use			
DATE	TIME										Miles			Amount
Mar. 29	7:00 am	Sacramento - Oakland					35.00	PC/T		5	2.50		\$37.50	
	3:30 pm	Oakland - Sacramento					44.00	T/PC	9.00	1	0.50		\$53.50	
													\$0.00	
													\$0.00	
													\$0.00	
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													\$0.00	
													\$0.00	
													\$0.00	
													\$0.00	
													\$0.00	
													\$0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	79.00		9.00	6	3.00	0.00	\$91.00
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$	91.00	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
3/29/2010 - PURPOSE: Attended California Charter Value Exchange (CVE) Meeting at Integrated Healthcare Association Offices.		0800 - 1700	
(Taxi to meeting from train station; \$10.00; Taxi from meeting to train station; \$10.00)		(13) PRIVATE VEHICLE LICENSE #	
Train fare from Sacramento to Oakland; \$35.00; Train fare from Oakland to Sacramento \$24.00.		4GNH186	
(AMTRAK Parking for own vehicle; \$9.00)		(14) MILEAGE RATE CLAIMED	
		0.500	
		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK #	
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CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
>>		>>	
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse)			DATE
>>			